,	\								/SB/17 (07-07	
,	Approved for use through 06/30/2010. OMB 0651 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMM Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control nu									
ſ	Effective on 12/08/2004.			Complete if Known						
s,	ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		10/626,661-Conf. #1816				
7	FEE TRANSMITTAL For FY 2007 Applicant claims small entity status. See 37 CFR 1.27				Filing Date		July 25, 2003			
ı					First Named Inventor		Hideki HIRAYAMA			
ł					Examiner Name		R. M. Kunemund			
ı					Art Unit		1722			
	TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Docket No. 1254-0331PUS1			51		
	METHOD OF PAYME	THOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):										
	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,									
1	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
ı	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
ł	FEE CALCULATION	37 OF IC 1. 10 E	110 1.17		<u> </u>					
ľ	1. BASIC FILING, SEARC	CH, AND EXAM	INATION FEE	s	- ;			,		
ı	FILING FEES SEARCH FEES EXAMINATION FEES									
ı	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	ald (\$)	
ı	Utility	300	150	500	250	200	100	10001	uiu (V)	
ı	Design	200	100	100	50	130	65			
١	Plant	200	100	300	150	160	80			
ı	Reissue	300	150	500	250	600	300			
١	Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES									Small Entity	
ı	Fee Description							Fee (\$)	Fee (\$)	
١	Each claim over 20 (inclu	,			•			50	25	
ı	Each independent claim of	•	ig Reissues)					200	100	
Multiple dependent claims								360	180	
١	Total Claims Extra Claims Fee		ee (\$) Fee Paid (\$)		Multiple Dependent Claims					
-= x = Fee (\$) HP = highest number of total claims paid for, if greater than 20.								ee Paid (\$)	!	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									-	
ı	Tree (4)		=	1 00 1 ara (v)						
HP = highest number of independent claims paid for, if greater than 3.										
ľ	3. APPLICATION SIZE FI	EE								
	If the specification and o									
	listings under 37 CFI						entity) for each ad	ditional 50		
		sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 1	. 0101 0110010						· · · · · · · · · · · · · · · · · · ·			

Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 SUBMITTED BY Registration No. (Attorney/Agent) 32,334 (703) 205-8026 Telephone Signature Joe McKinney Muno Name (Print/Type) July 23, 2007

___ (round up to a whole number) x

Fees Paid (\$)

___ - 100 = _____ /50 = __

Non-English Specification, \$130 fee (no small entity discount)